## CHAPTER 66-02-03 LICENSURE EXEMPTIONS

Section
66-02-03-01 Application of Chapter
66-02-03-02 Application for Exemption

66-02-03-03 Issuance of Certificate of Exemption

**66-02-03-01. Application of chapter.** This chapter pertains to all federal, state, county, or municipal agencies, political subdivisions, nonprofit corporations, and educational institutions chartered by North Dakota which employ psychologists. North Dakota Century Code chapter 43-32 provides for the licensing of psychologists who hold a doctoral degree in psychology or have training deemed equivalent by the board. Exemptions to any employee of the above agencies for hardship or other good cause or when the employee holds a master's degree in psychology and the employee's activities and services are performed under the supervision of a licensed psychologist may be requested from the board of psychologist examiners.

**History:** Amended effective September 1, 2000.

**General Authority:** NDCC 43-32-08 **Law Implemented:** NDCC 43-32-30

**66-02-03-02. Application for exemption.** An employer seeking an exemption extension under subsection 1 of North Dakota Century Code section 43-32-30 must file an application for exemption, a copy of which is an appendix to this chapter. The institution or agency completing the application will be billed fifty dollars.

**History:** Amended effective March 1, 1985; September 1, 2000.

**General Authority:** NDCC 43-32-08 **Law Implemented:** NDCC 43-32-30

**66-02-03-03. Issuance of certificate of exemption.** A certificate of exemption will be issued to the agency or institution on an annual basis. The certificate will include the names of exempted employees. If the employee transfers agencies or institutions during the year of licensure, the certificate of exemption expires. An agency or institution may not transfer a certificate of exemption to a new employee without going through the board with the appropriate application and supporting documents.

**History:** Amended effective September 1, 2000.

**General Authority:** NDCC 43-32-08 **Law Implemented:** NDCC 43-32-30

## STATE BOARD OF PSYCHOLOGIST EXAMINERS

## Application for Exemption

(Fill out one form for each employee)

| 1.     | Name of Agency:  |                   |                        |                 |
|--------|--|-------------------|------------------------|-----------------|
| 2.     | Address:   |                   |                        |                 |
| 3.     | Type of Agency:  | State             | Political subdivis     | ion             |
|        |  | Federal           | Nonprofit corpora      | ition           |
|        |  | County            | Education institu      | tion            |
|        |  | Municipal         | Other - specify        |                 |
| 4.     | Name of employee   | ə:                |                        |                 |
| 5.     | Description of applicant's duties:   |                   |                        |                 |
| 6.     | State the good exemption:  | cause or the har  | rdship which occasions | your need for   |
| 7.     | Training of employee (Please have copies of all undergraduate and gratranscripts sent directly from the schools to the board): |                   |                        |                 |
|        |  | EDUCA             | TION                   |                 |
|        | (List all institution  | ns attended beyon | the secondary level)   |                 |
| Instit | tution   |                   |                        | Degree (Year of |
| Years  | Attended   | Major             |                        | Award)          |
|        |  |                   |                        |                 |
|        |  |                   |                        |                 |
|        |  |                   |                        |                 |
|        |  |                   |                        |                 |

| 8. Years of rele                     | vant experiences:   |
|--------------------------------------|---|
| Name of supervisit                   | g licensed psychologist:  |
| Please describe the                  | supervision process which will be followed:                       |
|                                      |   |
| Number of hours o                    | supervision each week:  |
| Signature of super                   | visor:  |
| Date:                                | Address:  |
|                                      |   |
| If any of the above pages as needed. | questions require additional space, please use this page or attac |

History: Amended effective March 1, 1985; September 1, 2000.